

PM160 DENTAL GUIDE

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

Periodicity Schedule for Dental Referral by Age

Age (years)	<3	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Interval to Next Referral	* *	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR	1 YR
Annual Dental Referral		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

* **Note: A dental screening/assessment is required in every CHDP health assessment regardless of age. Children under age three (3) shall be referred to a dentist if a problem is detected, suspected or found, **and for maintenance of dental health**. Children on Medi-Cal may contact Denti-Cal at 1-800-322-6384 for assistance in finding a dentist.

PM160 EXAMPLE

CHDP ASSESSMENT Indicate outcome for each screening procedure	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow Up Code In Appropriate Column		DATE OF SERVICE Mo. Day Year 01 15 97	FOLLOW UP CODES	
			NEW C	KNOWN D		1. NO DX/RX INDICATED OR NOW UNDER CARE.	4. DX PENDING/RETURN VISIT SCHEDULED
						2. QUESTIONABLE RESULT RECHECK SCHEDULED.	5. REFERRED TO ANOTHER EXAMINER FOR DX/RX
01 HISTORY and PHYSICAL EXAM							3. DX MADE AND RX STARTED 6. REFERRAL REFUSED
02 DENTAL ASSESSMENT/REFERRAL			5			REFERRED TO: M. Painless, DDS	TELEPHONE NUMBER (916)566-1233
03 NUTRITIONAL ASSESSMENT						COMMENTS/PROBLEMS IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA 02 - Class II - gingivitis and possible cavities	
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION							
05 DEVELOPMENTAL ASSESSMENT							
06 SNELLEN OR EQUIVALENT					06		
07 AUDIOMETRIC					07		
08 HEMOGLOBIN OR HEMATOCRIT					08		
09 URINE DIPSTICK					09		
10 COMPLETE URINALYSIS					10		
12 TB MANTOUX					12		
CODE OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES				CODE OTHER TESTS		
						ROUTINE REFERRAL(S) (✓) <input type="checkbox"/> BLOOD LEAD <input type="checkbox"/> DENTAL	
						PATIENT IS A FOSTER CHILD (✓) <input type="checkbox"/>	
ICD 9 CODES 1 2 3							

→ Routine Referral(s) (✓)

Dental - enter check mark in this box only when no dental problem is suspected, but you have advised the parents to obtain annual preventive dental care for a Medi-Cal child.

→ Follow-up codes for use in columns C and D

- 1.) NO DX/RX INDICATED OR NOW UNDER CARE:** Enter code 1 if no treatment is indicated or the patient is now under care, e.g. dental problem now under care.
- 2.) REFERRED TO ANOTHER EXAMINER FOR DX/RX:** Enter code 5 if a dental problem is suspected and enter name and telephone number of the dentist in the "Referred To" area.
- 3.) REFERRAL REFUSED:** Enter code 6 if patient or responsible person refused referral or follow-up by examiner for any reason.

DENTAL CLASSIFICATIONS

The American Dental Association's "Classification of Treatment Needs" is a tool to use when referring children for dental services. If a problem is detected or suspected, on line 02 - "DENTAL ASSESSMENT/REFERRAL" enter code 5 in the "Problem Suspected" columns C or D. In "Comments" section describe the condition and classify using Class II, III or IV. Enter name and phone number of the dentist in the "Referred To" box.

CLASS I: NO VISIBLE DENTAL PROBLEM

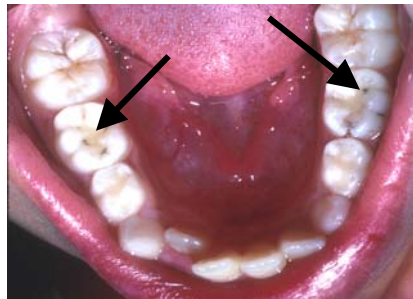
No problem visualized. If child has not seen a dentist in the last 12 months check box "Routine Referral-Dental".



Appears Healthy But Needs Routine Referral

CLASS II: MILD DENTAL PROBLEMS

Small carious lesions or gingivitis and the patient is asymptomatic. The condition is not urgent, yet requires a dental referral. Write "02-Class II" in the "Comment/Problems" section of PM160.



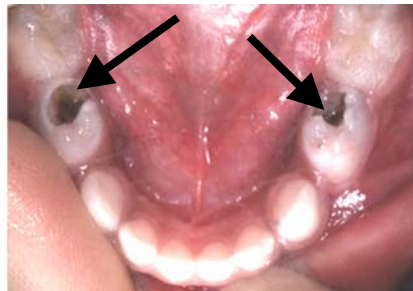
Small Carious Lesion



Gingivitis

CLASS III: SEVERE DENTAL PROBLEMS

Large carious lesions, chronic abscess, extensive gingivitis, or a history of pain. The need for dental care is urgent. Refer for treatment as soon as possible. Write "02-Class III" in "Comments/Problems" section of PM160.



Large Carious Lesions



Chronic Abscess



Extensive Gingivitis

CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED

Acute injury, oral infection or other painful condition. An immediate dental referral is indicated. Write "02-Class IV" in the "Comments/Problems" section of PM160.



Acute Injury



Oral Infection